

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 901 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

July 29, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John C. Bergmann

Sex, Male or Female { Cross out the word not required in this line. }

Age, 48 Years, Months, Days.

Color,

White

Married, Single, Widow or Widower { Cross out the words not required in this line. }

Occupation,

Saloons Keeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore, 44 years

Place of Death, { Give Street and Number. }

S. E. Cor. Howard & Conway Sts,

Cause of Death, { First (Primary), }

Chronic Gastritis

Second (Immediate),

Exhaustion

Duration of Last Sickness,

2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 5th

Undertaker, F. N. Foll

R. J. N. Tally, M. D.

Medical Attendant.

Place of Business, 421 Hanover St.

Address, 524 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 902 Office of Registrar of Vital Statistics. Ward 12thThe Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death, July 3rd 1887Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary CrowleySex, Male or Female, { Cross out the word not required in this line. }Age, Years, 9 Months, Days.Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, BattalionBirth Place, { State or country, and how long in the United States, if of foreign birth. } BaltimoreDuration of Residence in the City of Baltimore, During lifePlace of Death, { Give Street and Number. } Home of the FounderCause of Death, { First (Primary), Cholera infantorum, Second (Immediate), }Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, London Park CemeteryDate of Burial, July 3rd 1887{ Undertaker, John Weaver }I. Patterson

M. D.

Medical Attendant.

{ Place of Business, 738 N Eutaw St } Address, Lot Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. A 903 Office of Registrar of Vital Statistics. Ward 13.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } David Blayz.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 62. Years, 2 Months, 0 Days

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Houseman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Howard Co. Md.

Duration of Residence in the City of Baltimore, Thirty years.

Place of Death, { Give street and Number. } 820. Raborg St.

Cause of Death, { First (Primary), Bright's Chronic - }

{ Second (Immediate), Lumbar abscess & exhaustion

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Howard Cemetery

Date of Burial, July 5th 1887

Undertaker W. W. Chase

Place of Business, 641 Howard St.

Kothman, M. D. Medical Attendant.

Address, Gold St. & Prince St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.
Office of Registrar of Vital Statistics. Ward.

Permit No. A 904

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years,

8 Months, 28 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Life time

Place of Death, { Give Street and Number. }

1033. Marlboro St

Cause of Death, { First (Primary),
Second (Immediate), }

Meningitis

Prostration

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park.

Date of Burial, 5 of Aug

Undertaker, Harry Weller

Place of Business, Henrietta 112

D. B. Buddehohn M. D.
Medical Attendant.
Address, 418 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Each physician in the City of Baltimore is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 905 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4th. July 1887

Full Name of Deceased, Ema Lohoe { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, 5 Months, 0 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary),
Second (Immediate), }

Arachnoiditis and Hydrocephalus
During lifetime

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 6 (1887) William Henkel M. D.

Undertaker, The Hoffman

Medical Attendant.

Place of Business, 211 W. Eden St. Address, P. Wolfert 318.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 906 Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 3rd 1887

Full Name of Deceased, Mary E. Keen { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female or Female, { Cross out the word not } required in this line.

Age, Years, Months, 16 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not } required in this line.

Occupation, Bolter

Birth Place, Baltimore { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 205 S. Ester { Give Street and Number. }

Cause of Death, Inanition { First (Primary), Second (Immediate), }

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent's cem

Date of Burial, July 5 1887 { Geo. Reynolds M. D. }

{ Undertaker, Martin Faherty }

Medical Attendant.

{ Place of Business, 128 Lovenson Address, 71 H. Calvert }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics. Ward 154

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 5 1887

Date of Death, July 3, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Tom Johnson*

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 39 Years, Months, Days.

Color, Dark

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Butcher

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 823 Franklin St

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } 823 Franklin St

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, July 5th 1887

Undertaker, Herdus Rose

Place of Business, 404 Conway St Address, 600 Columbia Rd

J. Z. Smith M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 908 Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, July 4th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Highland Davis

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 8 Months, 11 Days.

Color, dark

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } 540 Burgundy St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infanticum
Convulsions

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetery

Date of Burial, July 5th 1887

Undertaker, Heberle Ross

Place of Business, 404 Cornhill Address, 600 Columbia St.



Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.*

[OVER.]

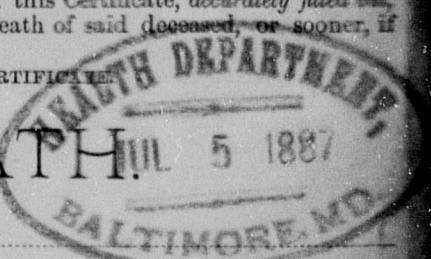
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 909 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other persons superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death, July 3rd 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick Klingworth.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Sixty six 66 Years,

Months, Days

Color, White

Married, Single, Widower or Widow, { Cross out the words not required in this line. }

Occupation, Retired Preacher.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bremen Germany.

Duration of Residence in the City of Baltimore, About forty-five 45 years

Place of Death, { Give Street and Number. } No 1824. E Pratt St. Baltimore

Cause of Death, { First (Primary), Hepatitis with Jaundice. Second (Immediate), Jaundice with Exhaustion. }

Duration of Last Sickness, About 9 Months.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, July 5

W. C. Van Bibber, M. D.

Medical Attendant

Undertaker, H. Dugay

Place of Business, 330 S Bond St. Address, 26 W Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 919 Office of Registrar of Vital Statistics. Ward 124

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Ellen Hall Chase

Sex, Male or Female, { Cross out the word not required in this line.

Female

Age, — Years,

11 Months,

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Balto Md.

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 11 M.D.

Place of Death, { Give Street and Number.

431 W. Bedell St

Hauping Cough

Chloro Ufantum

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 5th 1887

Undertaker, H. A. Bobb

Place of Business, 97 Daniel St

J. A. Gilliss M. D.

Medical Attendant.

Address, 431 W Bedell St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]